

OHA - Drinking Water Services - Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Batte Creek Scout Ranch ID #: 94191 WTP-: _____ Month/Year: 1/2023

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1							
2					.09		
3					.12		
4					.11		
5					.11		
6					.11		
7					.11		
8					.11		
9					.11		
10					.11		
11					.12		
12					.11		
13					.11		
14					.11		
15					.11		
16					.12		
17					.11		
18					.11		
19					.10		
20					.10		
21					.13		
22					.12		
23					.10		
24					.10		
25					.10		
26					.09		
27					.09		
28					.09		
29					.09		
30					.10		
31					.10		

Slow Sand/Membrane/DE Filtration/Unfiltered Month.y Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>Bill Hood</u>	
	SIGNATURE: <u>Bill Hood</u>	DATE: <u>2/7/2023</u>
	PHONE #: <u>(503) 539-3834</u>	CERT #: _____

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Butte Creek Scout Ranch ID #: 94191 WTP-: _____ Month/Year: 1/2023

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ \wedge	Contact Time (T)	Actual CT	Temp \vee	pH \wedge	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.50	280	140	5.7	8.0	68	Y	2.2
2/	.46	280	128.8	5.0	8.0	68	Y	2.4
3/	.51	280	142.8	5.3	8.0	68	Y	2.6
4/	.55	280	154	5.3	8.0	68	Y	2.6
5/	.51	280	142.8	6.1	8.0	68	Y	2.7
6/	.51	280	142.8	6.1	8.0	68	Y	2.6
7/	.53	280	148.4	6.2	8.0	68	Y	3.1
8/	.55	280	154	6.2	8.0	68	Y	3.2
9/	.55	280	154	6.1	8.0	68	Y	3.2
10/	.56	280	156.8	5.6	8.0	68	Y	2.7
11/	.54	280	151.2	5.8	8.0	68	Y	3.0
12/	.56	280	156.8	6.4	8.0	68	Y	3.5
13/	.55	280	154	6.5	8.0	68	Y	2.7
14/	.62	280	173.6	6.5	8.0	68	Y	3.7
15/	.68	280	190.4	6.5	8.0	68	Y	2.9
16/	.72	280	201.6	6.7	8.0	70	Y	2.7
17/	.64	280	179.2	7.7	8.0	70	Y	2.4
18/	.66	280	165	7.6	8.0	70	Y	2.3
19/	.65	280	182	6.1	8.0	70	Y	2
20/	.61	280	170.8	6.7	8.0	70	Y	2
21/	.61	280	170.8	6.0	8.0	70	Y	2.1
22/	.72	280	201.6	5.7	8.2	70	Y	3
23/	1.1	280	308	5.8	8.2	72	Y	2.6
24/	1.2	280	336	5.8	8.2	72	Y	2.5
25/	1.1	280	308	6.1	8.2	72	Y	2.2
26/	1.0	280	280	6.2	8.2	72	Y	2.1
27/	.95	280	266	6.5	8.2	72	Y	2.0
28/	.89	280	249	6.5	8.2	72	Y	2.6
29/	.83	280	232	5.6	8.2	72	Y	2.3
30/	.79	280	221	4.5	8.2	72	Y	2
31/	.75	280	210	4.6	8.2	72	Y	2.3

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350